



## Annual Report of Operations for Year 2020

To comply with NPDES General Permit No. WAG130000 for Federal Aquaculture Facilities and Aquaculture Facilities Located in Indian Country within the Boundaries of the State of Washington

NPDES # for your Facility:

13-0012

### Facility & Owner Information

Facility Name:

Bernie Kai Kai Gobin Salmon Hatchery

Operator Name (Permittee):

Tulalip Tribes of Washington

Address:

6406 Marine Drive  
Tulalip, WA 98271

Email:

mcrewson@tulaliptribes-nsn.gov

Phone:

360-716-4626; (425) 754 0955

Owner Name (if different from operator):

Same

Email:

Same

Phone:

Same

### Best Management Practices (BMP) Plan

Has the BMP Plan been reviewed this year? ☒ Yes ☐ No

Does the BMP Plan fulfill the requirements of the General Permit? ☒ Yes ☐ No

Summarize any changes to the BMP Plan since the last annual report. Attach additional pages if necessary.  
Updated and reviewed in 2020 for NOI updates, latest facilities improvements and for general annual review purposes.

## EPA General Permit WAG130000 - Annual Report

### Operations and Production

Total harvestable weight produced in the past calendar year in pounds (lbs): 56,844lbs weight gain, 82,029 lbs total biomass  
Pounds of food fed to fish during the maximum month:  
**8,389 lbs (June)**

List the species grown or held at your facility and the annual production of each in gross harvestable weight. If fish were released rather than harvested, list the weight at time of release.

Species	Fish Produced	Receiving Water(s) to which Fish were Released	Month Released/Spawned
BY18 Coho	29,528	No release/harvests, fish transferred to 13-0013 for release. * wt = biomass transferred	N/A
BY19 Chinook	26,992	No release/harvests, fish transferred to 13-0013 for release. * wt = biomass transferred	N/A
BY19 Coho	24,608	No release/harvest/spawn, remained on station. * wt is calendar year biomass	N/A
BY19 Chum	902	No release/harvests, fish transferred to 13-0014 for release. * wt = biomass transferred	N/A

Fill in the table below with production numbers from the past year. List the **maximum** amount of fish on-site and the maximum amount of food fed **per month**.

Month	Total Fish (lbs)	Fish Feed (lbs)	Month	Total Fish (lbs)	Fish Feed (lbs)
January	24,438	2,369	July	9,278	3,594
February	28,416	3,015	August	10,940	4,102
March	32,059	4,561	September	15,087	3,432
April	33,571	5,563	October	18,019	3,916
May	34,190	6,963	November	24,479	4,620
June	36,365	8,389	December	24,608	396

Additional Comments: \* NOTE: NO FISH ARE RELEASED FROM THIS FACILITY (13-0012). ALL SALMON ARE PERIODICALLY TRANSFERRED TO THE OTHER TWO FACILITIES (13-0013 AND 13-0014) FOR RELEASE. THOSE FACILITY WEIGHTS START WHERE THESE LEFT OFF.

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### Solid Waste Disposal

Describe the solid waste disposed of during the calendar year (including fish mortalities).

Type of Solid Disposed	Date Disposed	Location Disposed
122 Lb dead eggs	Sept. - Dec. 2020	Offsite burial pit
44 Lb dead fish	Jan. - Dec. 2020	Offsite burial pit
Additional Comments:		

### Fish Mortalities

Include a description and the dates of mass mortalities in the past year (more than 5% per week). Attach additional pages, if necessary. Include total mortalities from all causes.

Date	Cause of Deaths	Steps Taken to Correct Problem	Pounds of Fish
Additional Comments: N/A. No incidents of mass mortality			

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### Noncompliance Summary

Include a description and the dates of noncompliance events (including spills), the reasons for the incidents, and the steps taken to correct the problems. Attach additional pages, if necessary.

None

### Inspections & Repairs for Production & Wastewater Treatment Systems

Date Inspected	Date Repaired	Description of System Inspected and/or Repaired
Periodic/Monthly	None needed	

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### Aquaculture Drugs and Chemicals

Please indicate whether you used each drug/chemical **during the past calendar year**.  
Describe the use of each drug/chemical in more detail on the following pages.

Used in the past year?	Drug or Chemical
<input type="checkbox"/> Yes <input type="checkbox"/> No	Azithromycin
<input type="checkbox"/> Yes <input type="checkbox"/> No	Chloramine-T: <i>See additional reporting requirements on page 7</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Chlorine
<input type="checkbox"/> Yes <input type="checkbox"/> No	Draxxin
<input type="checkbox"/> Yes <input type="checkbox"/> No	Erythromycin - injectable
<input type="checkbox"/> Yes <input type="checkbox"/> No	Erythromycin - medicated feed
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Florfenicol (Aquaflor)
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Formalin - 37% formaldehyde: <i>See additional reporting requirements on page 7</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Herbicide - describe:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Hormone - describe:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Hydrogen Peroxide: <i>See additional reporting requirements on page 7</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Iodine: <i>See additional reporting requirements on page 7</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Oxytetracycline
<input type="checkbox"/> Yes <input type="checkbox"/> No	Potassium Permanganate: <i>See additional reporting requirements on page 7</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Romet
<input type="checkbox"/> Yes <input type="checkbox"/> No	SLICE (emamectin benzoate)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Sodium Chloride - salt
<input type="checkbox"/> Yes <input type="checkbox"/> No	Vibrio vaccine
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:

## EPA General Permit WAG130000 - Annual Report

### Aquaculture Drugs and Chemicals (cont'd)

Describe all drug and/or chemical treatments that occurred during the year. Fill out the information below for each drug or chemical, plus page 7 for water-borne treatments. Attach additional pages as necessary.

Brand Name: <b>Treatment 1: Parasite-S</b>		Generic Name: <b>Formalin (37% formaldehyde)</b>	
Reason for use: <b>Control fungus on incubating eggs</b>			
<input type="checkbox"/> Preventative/Prophylactic <input checked="" type="checkbox"/> As-needed	Total quantity of formulated product per treatment (specify units): <b>2.4-14.7L (8.5 L avg.)</b>	Total quantity of formulated product used in past year (specify units): <b>391.6L</b>	
Date(s) of treatment: <b>9/22,24,26,28, 10/1,3,5,7,9,11,13,15,17,19,21,23,25,27,11/16,18,20,23,25,27,30,12/2,4,6,8,10,12</b>			Total number of treatments in past year: <b>31</b>
Maximum daily volume of treated water: <b>3,150 gal</b>	Treatment concentration (specify units): <b>1,667 mg/L formalin</b>	Duration and frequency of treatment(s): <b>15 minutes, 1X/day, alternating days</b>	
Method of application:	<input type="checkbox"/> Static Bath <input checked="" type="checkbox"/> Flow-through	<input type="checkbox"/> Medicated Feed <input type="checkbox"/> Other (describe):	
Location in facility chemical was used (check all that apply):	<input type="checkbox"/> Raceways <input checked="" type="checkbox"/> Incubation building	<input type="checkbox"/> Ponds <input type="checkbox"/> Off-line settling basin	<input type="checkbox"/> Other (describe):
Where did water treated with this chemical go? (check all that apply):	<input type="checkbox"/> Discharged w/o treatment <input type="checkbox"/> Settling basin	<input type="checkbox"/> Septic System <input type="checkbox"/> Publicly owned treatment works	<input checked="" type="checkbox"/> Other (describe): <b>* formalin detention tank</b>
Provide any additional information about how this chemical was used and/or special pollution prevention practices during use: <small>* We did not fill out the flow thru sheet for these egg treatments because we measured the concentration directly with test strips and bench chemistry and confirmed we are well within limits. Treated incubation effluent goes into formalin dilution tanks that provide ~ 40- to 60-fold dilution. We reconfigured the drain lines from the tanks to enter other existing untreated effluents that provide additional ~7.5- to 10-fold dilution resulting in final concentration (C) in effluent &lt;1 mg/L or 10&gt;C &gt;1 at highest level in effluent.</small>			

Brand Name: <b>Treatment 2: Parasite-S</b>		Generic Name: <b>Formalin (37% formaldehyde)</b>	
Reason for use: <b>External parasites on fish - Trichodina</b>			
<input type="checkbox"/> Preventative/Prophylactic <input checked="" type="checkbox"/> As-needed	Total quantity of formulated product per treatment: <b>8LX3treatmentsX4raceways</b>	Total quantity of formulated product used in past year (specify units): <b>96L</b>	
Date(s) of treatment: <b>6/1, 3, 5</b>			Total number of treatments in past year: <b>3 X 4 raceways = 12</b>
Maximum daily volume of treated water: <b>86,640 gal (90.25 X4</b>	Treatment concentration (specify units): <b>25 mg/L</b>	Duration and frequency of treatment(s): <b>8L X 3treatments X 4raceways X 4hours</b>	
Method of application:	<input type="checkbox"/> Static Bath <input checked="" type="checkbox"/> Flow-through	<input type="checkbox"/> Medicated Feed <b>8LX3treatmentsX4racewaysX4hours,90.25gp</b> <input type="checkbox"/> Other (describe):	
Location in facility chemical was used (check all that apply):	<input checked="" type="checkbox"/> Raceways <input type="checkbox"/> Incubation building	<input type="checkbox"/> Ponds <input type="checkbox"/> Off-line settling basin	<input type="checkbox"/> Other (describe):
Where did water treated with this chemical go? (check all that apply):	<input checked="" type="checkbox"/> Discharged w/o treatment <input type="checkbox"/> Settling basin	<input type="checkbox"/> Septic System <input type="checkbox"/> Publicly owned treatment works	<input type="checkbox"/> Other (describe):
Provide any additional information about how this chemical was used and/or special pollution prevention practices during use: <b>Drip treatments over 4 hours at 25mg/L. Effluent conc. significantly &lt;25 ppm if ANY organic binding</b>			

## EPA General Permit WAG130000 - Annual Report

### Aquaculture Drugs and Chemicals (cont'd)

#### ***Additional Reporting Requirements for Water-Borne Treatments***

- If a water-borne treatment was used during the calendar year, Permittees must include detailed records/calculations as an attachment to this Annual Report in order to demonstrate how the maximum effluent concentrations of solution and active ingredient were calculated for each chemical.
- EPA recognizes that water-borne treatments may vary in the volume of the vessels treated, concentration, quantity of product, etc. Permittees must provide the information listed in the following tables for a reasonable worst case (i.e., maximum effluent concentration) scenario, not for each individual treatment.
- Permittees must submit this information and calculate the maximum effluent concentration for each water-borne chemical used during the past calendar year.
- See also Appendix D for the Chemical Log Sheet.

<b>Static Bath Treatments</b>	
Tank Volume	Liters
Desired Static Bath Treatment Concentration	µg/L
Volume of Product Needed	Liters Product
Maximum Effluent Concentration of: 1) Solution and 2) Active Ingredient	Solution: Active Ingredient: Specify Units
Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day	Specify Units
Maximum % of Facility Discharge Treated	% of Total Discharge

<b>TREATMENT 2      Flow-Through Treatments</b>	
Tank Volume	67,960      Liters
Calculated Flow Rate	1,367      Liters/Minute
Duration of Treatment	240      Minutes
Desired Flow-Through Treatment Concentration of Product	<25      µg/L
Amount of Product to Add Initially	0      Liters Product
Amount of Product to Add During Treatment	133      mL/Minute
Total Volume of Product Needed	32      Liters Product
Maximum Effluent Concentration of: 1) Solution and 2) Active Ingredient	Solution: <25 mg/L formalin Active Ingredient: 9.3 mg/L formaldehyde      Specify Units
Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day	3,386,800 gallons per day      Specify Units
Maximum % of Facility Discharge Treated	2.56%      % of Total Discharge



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### Aquaculture Drugs and Chemicals (cont'd)

Describe all drug and/or chemical treatments that occurred during the year. Fill out the information below for each drug or chemical, plus page 7 for water-borne treatments. Attach additional pages as necessary.

Brand Name: <b>Treatment 3: Parasite-S</b>		Generic Name: <b>Formalin (37% formaldehyde)</b>	
Reason for use: <b>External parasites on fish - Ichthyophthirius multifiliis</b>			
<input type="checkbox"/> Preventative/Prophylactic <input checked="" type="checkbox"/> As-needed	Total quantity of formulated product per treatment (specify units): <b>20.9L X 10 treatments X 4 raceways</b>	Total quantity of formulated product used in past year (specify units): <b>836.8L</b>	
Date(s) of treatment: <b>6/23/20 - 7/2/20 (10 days)</b>			Total number of treatments in past year: <b>10 X 4 raceways=40</b>
Maximum daily volume of treated water: <b>110,640 gal 461gpm</b>	Treatment concentration (specify units): <b>25 mg/L formalin</b>	Duration and frequency of treatment(s): <b>20.9L (4-hour treatment) X 10 treatments X 4 raceways</b>	
Method of application:			
<input type="checkbox"/> Static Bath <input checked="" type="checkbox"/> Flow-through		<input type="checkbox"/> Medicated Feed <input type="checkbox"/> Other (describe):	
Location in facility chemical was used (check all that apply):			
<input checked="" type="checkbox"/> Raceways <input type="checkbox"/> Incubation building		<input type="checkbox"/> Ponds <input type="checkbox"/> Off-line settling basin <input type="checkbox"/> Other (describe):	
Where did water treated with this chemical go? (check all that apply):			
<input checked="" type="checkbox"/> Discharged w/o treatment <input type="checkbox"/> Settling basin		<input type="checkbox"/> Septic System <input type="checkbox"/> Publicly owned treatment works <input type="checkbox"/> Other (describe):	
Provide any additional information about how this chemical was used and/or special pollution prevention practices during use: <b>Drip treatments over 4 hours at 25mg/L. Effluent conc. assumed significantly &lt;25 ppm if ANY organic binding</b>			

Brand Name: <b>Treatment 4: Parasite-S</b>		Generic Name: <b>Formalin (37% formaldehyde)</b>	
Reason for use: <b>Fungus on coho - Saprolegnia</b>			
<input type="checkbox"/> Preventative/Prophylactic <input checked="" type="checkbox"/> As-needed	Total quantity of formulated product per treatment: <b>11.9L/2h treatment X 3 days</b>	Total quantity of formulated product used in past year (specify units): <b>36liters</b>	
Date(s) of treatment: <b>7/22, 7/23, 7/24</b>			Total number of treatments in past year: <b>3</b>
Maximum daily volume of treated water: <b>126,000 gal</b>	Treatment concentration (specify units): <b>50 mg/L</b>	Duration and frequency of treatment(s): <b>11.9L (2-hour treat.) X 3 treatments X 1 pond @525gpm diluted 2.1X to 23.6mg/L</b>	
Method of application:			
<input type="checkbox"/> Static Bath <input checked="" type="checkbox"/> Flow-through		<input type="checkbox"/> Medicated Feed <input type="checkbox"/> Other (describe):	
Location in facility chemical was used (check all that apply):			
<input checked="" type="checkbox"/> Raceways <input type="checkbox"/> Incubation building		<input type="checkbox"/> Ponds <input type="checkbox"/> Off-line settling basin <input type="checkbox"/> Other (describe):	
Where did water treated with this chemical go? (check all that apply):			
<input checked="" type="checkbox"/> Discharged w/o treatment <input type="checkbox"/> Settling basin		<input type="checkbox"/> Septic System <input type="checkbox"/> Publicly owned treatment works <input type="checkbox"/> Other (describe):	
Provide any additional information about how this chemical was used and/or special pollution prevention practices during use: <b>Drip treatments over 2 hours at 50mg/L. Treated effluent (525gpm) diluted 2.1 times into 1,110gpm to 23.6mg/L</b>			



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### Aquaculture Drugs and Chemicals (cont'd)

#### ***Additional Reporting Requirements for Water-Borne Treatments***

- If a water-borne treatment was used during the calendar year, Permittees must include detailed records/calculations as an attachment to this Annual Report in order to demonstrate how the maximum effluent concentrations of solution and active ingredient were calculated for each chemical.
- EPA recognizes that water-borne treatments may vary in the volume of the vessels treated, concentration, quantity of product, etc. Permittees must provide the information listed in the following tables for a reasonable worst case (i.e., maximum effluent concentration) scenario, not for each individual treatment.
- Permittees must submit this information and calculate the maximum effluent concentration for each water-borne chemical used during the past calendar year.
- See also Appendix D for the Chemical Log Sheet.

Treatment 3 <b>Static Bath Treatments</b>	
Tank Volume	Liters
Desired Static Bath Treatment Concentration	µg/L
Volume of Product Needed	Liters Product
Maximum Effluent Concentration of: 1) Solution and 2) Active Ingredient	Solution: Active Ingredient: Specify Units
Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day	Specify Units
Maximum % of Facility Discharge Treated	% of Total Discharge

<b>Flow-Through Treatments</b>	
Tank Volume	67,960 Liters
Calculated Flow Rate	1,745 Liters/Minute
Duration of Treatment	240 Minutes
Desired Flow-Through Treatment Concentration of Product	<25 µg/L
Amount of Product to Add Initially	0 Liters Product
Amount of Product to Add During Treatment	349 mL/Minute
Total Volume of Product Needed	83.7 liters Liters Product
Maximum Effluent Concentration of: 1) Solution and 2) Active Ingredient	Solution: <25 mg/L formalin Active Ingredient: 9.3 mg/L formaldehyde Specify Units
Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day	3,903,840 gallons per day Specify Units
Maximum % of Facility Discharge Treated	2.83% % of Total Discharge

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### Aquaculture Drugs and Chemicals (cont'd)

#### ***Additional Reporting Requirements for Water-Borne Treatments***

- If a water-borne treatment was used during the calendar year, Permittees must include detailed records/calculations as an attachment to this Annual Report in order to demonstrate how the maximum effluent concentrations of solution and active ingredient were calculated for each chemical.
- EPA recognizes that water-borne treatments may vary in the volume of the vessels treated, concentration, quantity of product, etc. Permittees must provide the information listed in the following tables for a reasonable worst case (i.e., maximum effluent concentration) scenario, not for each individual treatment.
- Permittees must submit this information and calculate the maximum effluent concentration for each water-borne chemical used during the past calendar year.
- See also Appendix D for the Chemical Log Sheet.

<b>Static Bath Treatments</b>	
Tank Volume	Liters
Desired Static Bath Treatment Concentration	µg/L
Volume of Product Needed	Liters Product
Maximum Effluent Concentration of: 1) Solution and 2) Active Ingredient	Solution: Active Ingredient: <span style="float: right;">Specify Units</span>
Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day	Specify Units
Maximum % of Facility Discharge Treated	% of Total Discharge

<b>Treatment 4      Flow-Through Treatments</b>	
Tank Volume	418,083      Liters
Calculated Flow Rate	1,987      Liters/Minute
Duration of Treatment	120      Minutes
Desired Flow-Through Treatment Concentration of Product	50      µg/L
Amount of Product to Add Initially	0      Liters Product
Amount of Product to Add During Treatment	100      mL/Minute
Total Volume of Product Needed	12.0 liters      Liters Product
Maximum Effluent Concentration of: 1) Solution and 2) Active Ingredient	Solution: 23.6 mg/L Formalin Active Ingredient: 8.8 mg/L Formaldehyde <span style="float: right;">Specify Units</span>
Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day	3,805,920 liters per day      Specify Units
Maximum % of Facility Discharge Treated	3.31%      % of Total Discharge

# EPA General Permit WAG130000 - Annual Report

## Aquaculture Drugs and Chemicals (cont'd)

Describe all drug and/or chemical treatments that occurred during the year. Fill out the information below for each drug or chemical, plus page 7 for water-borne treatments. Attach additional pages as necessary.

Brand Name: <b>Treatment 5: Parasite-S</b>		Generic Name: <b>Formalin (37% formaldehyde)</b>	
Reason for use: <b>Control fungus on coho - Saprolegnia</b>			
<input type="checkbox"/> Preventative/Prophylactic <input checked="" type="checkbox"/> As-needed		Total quantity of formulated product per treatment (specify units): <b>9.2L/2h treatment X 3 d</b>	Total quantity of formulated product used in past year (specify units): <b>27.6L</b>
Date(s) of treatment: <b>8/17, 8/18, 8/19</b>			Total number of treatments in past year: <b>3</b>
Maximum daily volume of treated water: <b>97,400 gal</b>	Treatment concentration (specify units): <b>50 mg/L</b>	Duration and frequency of treatment(s): <b>9.2L (2-hour treat.) X 3 treatments X 1 pond @ 406gpm diluted 2.7X to 18.3mg/L</b>	
Method of application:			
<input type="checkbox"/> Static Bath <input checked="" type="checkbox"/> Flow-through		<input type="checkbox"/> Medicated Feed <input type="checkbox"/> Other (describe):	
Location in facility chemical was used (check all that apply):			
<input type="checkbox"/> Raceways <input type="checkbox"/> Incubation building		<input checked="" type="checkbox"/> Ponds <input type="checkbox"/> Off-line settling basin <input type="checkbox"/> Other (describe):	
Where did water treated with this chemical go? (check all that apply):			
<input checked="" type="checkbox"/> Discharged w/o treatment <input type="checkbox"/> Settling basin		<input type="checkbox"/> Septic System <input type="checkbox"/> Publicly owned treatment works <input type="checkbox"/> Other (describe):	
Provide any additional information about how this chemical was used and/or special pollution prevention practices during use: <b>Drip treatments over 2 hours at 50mg/L. Treated effluent (406gpm) diluted 2.7 times into 1,110gpm to 18.3mg/L</b>			

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Brand Name: <b>Treatment 6: Parasite-S</b>		Generic Name: <b>Formalin (37% formaldehyde)</b>	
Reason for use: <b>Control fungus on coho - Saprolegnia</b>			
<input type="checkbox"/> Preventative/Prophylactic <input checked="" type="checkbox"/> As-needed		Total quantity of formulated product per treatment: <b>8.2L/2h treatment</b>	Total quantity of formulated product used in past year (specify units): <b>8.2 Liters</b>
Date(s) of treatment: <b>8/24/20</b>			Total number of treatments in past year: <b>1</b>
Maximum daily volume of treated water: <b>87,120 gal</b>	Treatment concentration (specify units): <b>50 mg/L</b>	Duration and frequency of treatment(s): <b>8.2L (2-hour treat.) X 1 treatments X 1 pond @ 363gpm diluted 4.3X to 11.5 mg/L</b>	
Method of application:			
<input type="checkbox"/> Static Bath <input checked="" type="checkbox"/> Flow-through		<input type="checkbox"/> Medicated Feed <input type="checkbox"/> Other (describe):	
Location in facility chemical was used (check all that apply):			
<input type="checkbox"/> Raceways <input type="checkbox"/> Incubation building		<input checked="" type="checkbox"/> Ponds <input type="checkbox"/> Off-line settling basin <input type="checkbox"/> Other (describe):	
Where did water treated with this chemical go? (check all that apply):			
<input checked="" type="checkbox"/> Discharged w/o treatment <input type="checkbox"/> Settling basin		<input type="checkbox"/> Septic System <input type="checkbox"/> Publicly owned treatment works <input type="checkbox"/> Other (describe):	
Provide any additional information about how this chemical was used and/or special pollution prevention practices during use: <b>Drip treatments over 2 hours at 50mg/L. Treated effluent (363gpm) diluted 4.3 times into 1,575gpm to 11.5 mg/L</b>			

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### Aquaculture Drugs and Chemicals (cont'd)

#### Additional Reporting Requirements for Water-Borne Treatments

- If a water-borne treatment was used during the calendar year, Permittees must include detailed records/calculations as an attachment to this Annual Report in order to demonstrate how the maximum effluent concentrations of solution and active ingredient were calculated for each chemical.
- EPA recognizes that water-borne treatments may vary in the volume of the vessels treated, concentration, quantity of product, etc. Permittees must provide the information listed in the following tables for a reasonable worst case (i.e., maximum effluent concentration) scenario, not for each individual treatment.
- Permittees must submit this information and calculate the maximum effluent concentration for each water-borne chemical used during the past calendar year.
- See also Appendix D for the Chemical Log Sheet.

Static Bath Treatments	
Tank Volume	Liters
Desired Static Bath Treatment Concentration	µg/L
Volume of Product Needed	Liters Product
Maximum Effluent Concentration of: 1) Solution and 2) Active Ingredient	Solution: Active Ingredient: Specify Units
Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day	Specify Units
Maximum % of Facility Discharge Treated	% of Total Discharge

Treatment 5 Flow-Through Treatments	
Tank Volume	466,389 Liters
Calculated Flow Rate	1,537 Liters/Minute
Duration of Treatment	120 Minutes
Desired Flow-Through Treatment Concentration of Product	50 µg/L
Amount of Product to Add Initially	0 Liters Product
Amount of Product to Add During Treatment	76.7 mL/Minute
Total Volume of Product Needed	9.20 liters Liters Product
Maximum Effluent Concentration of: 1) Solution and 2) Active Ingredient	Solution: 18.3 mg/L Formalin Active Ingredient: 6.8 mg/L Formaldehyde Specify Units
Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day	2,927,520 gallons per day Specify Units
Maximum % of Facility Discharge Treated	2.98% % of Total Discharge



## EPA General Permit WAG130000 - Annual Report

### Aquaculture Drugs and Chemicals (cont'd)

#### ***Additional Reporting Requirements for Water-Borne Treatments***

- If a water-borne treatment was used during the calendar year, Permittees must include detailed records/calculations as an attachment to this Annual Report in order to demonstrate how the maximum effluent concentrations of solution and active ingredient were calculated for each chemical.
- EPA recognizes that water-borne treatments may vary in the volume of the vessels treated, concentration, quantity of product, etc. Permittees must provide the information listed in the following tables for a reasonable worst case (i.e., maximum effluent concentration) scenario, not for each individual treatment.
- Permittees must submit this information and calculate the maximum effluent concentration for each water-borne chemical used during the past calendar year.
- See also Appendix D for the Chemical Log Sheet.

Treatment 6 <b>Static Bath Treatments</b>	
Tank Volume	Liters
Desired Static Bath Treatment Concentration	µg/L
Volume of Product Needed	Liters Product
Maximum Effluent Concentration of: 1) Solution and 2) Active Ingredient	<div style="display: flex; justify-content: space-between;"> <div>Solution:</div> <div>Specify Units</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Active Ingredient:</div> <div>Specify Units</div> </div>
Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day	Specify Units
Maximum % of Facility Discharge Treated	% of Total Discharge

<b>Flow-Through Treatments</b>	
Tank Volume	1,189,306      Liters
Calculated Flow Rate	1,374      Liters/Minute
Duration of Treatment	120      Minutes
Desired Flow-Through Treatment Concentration of Product	50      µg/L
Amount of Product to Add Initially	0      Liters Product
Amount of Product to Add During Treatment	68.3      mL/Minute
Total Volume of Product Needed	8.2 liters      Liters Product
Maximum Effluent Concentration of: 1) Solution and 2) Active Ingredient	<div style="display: flex; justify-content: space-between;"> <div>Solution: 11.5 mg/L Formalin</div> <div>Specify Units</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Active Ingredient: 4.3 mg/L Formaldehyde</div> <div>Specify Units</div> </div>
Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day	2,927,520 gallons per day      Specify Units
Maximum % of Facility Discharge Treated	2.98%      % of Total Discharge

# EPA General Permit WAG130000 - Annual Report

## Aquaculture Drugs and Chemicals (cont'd)

Describe all drug and/or chemical treatments that occurred during the year. Fill out the information below for each drug or chemical, plus page 7 for water-borne treatments. Attach additional pages as necessary.

Brand Name: <b>Treatment #7: Parasite-S</b>		Generic Name: <b>Formalin (37% formaldehyde)</b>	
Reason for use: <b>Control fungus on coho - Saprolegnia</b>			
<input type="checkbox"/> Preventative/Prophylactic <input checked="" type="checkbox"/> As-needed		Total quantity of formulated product per treatment (specify units): <b>8.2L/2h treatment X 1</b>	Total quantity of formulated product used in past year (specify units): <b>8.2L</b>
Date(s) of treatment: <b>8/28/20</b>			Total number of treatments in past year: <b>1</b>
Maximum daily volume of treated water: <b>88,160 gal</b>	Treatment concentration (specify units): <b>50 mg/L formalin</b>	Duration and frequency of treatment(s): <b>8.2L (2-hour treat.) X 1 treatments X 1 pond @359gpm diluted 3.9X to 13.0mg/L</b>	
Method of application:			
<input type="checkbox"/> Static Bath <input checked="" type="checkbox"/> Flow-through		<input type="checkbox"/> Medicated Feed <input type="checkbox"/> Other (describe):	
Location in facility chemical was used (check all that apply):			
<input type="checkbox"/> Raceways <input type="checkbox"/> Incubation building		<input checked="" type="checkbox"/> Ponds <input type="checkbox"/> Off-line settling basin <input type="checkbox"/> Other (describe):	
Where did water treated with this chemical go? (check all that apply):			
<input checked="" type="checkbox"/> Discharged w/o treatment <input type="checkbox"/> Settling basin		<input type="checkbox"/> Septic System <input type="checkbox"/> Publicly owned treatment works <input type="checkbox"/> Other (describe):	
Provide any additional information about how this chemical was used and/or special pollution prevention practices during use: <b>Drip treatment over 2 hours at 50mg/L. Treated effluent (359gpm) diluted 3.9 times into 1,383gpm to 13.0mg/L.</b>			

Brand Name: <b>Treatment #8: Parasite-S</b>		Generic Name: <b>Formalin (37% formaldehyde)</b>	
Reason for use: <b>Control fungus on coho - Saprolegnia</b>			
<input type="checkbox"/> Preventative/Prophylactic <input checked="" type="checkbox"/> As-needed		Total quantity of formulated product per treatment: <b>11.0L/2h treatment X 1 day</b>	Total quantity of formulated product used in past year (specify units): <b>11.0 liters</b>
Date(s) of treatment: <b>9/4/20</b>			Total number of treatments in past year: <b>1</b>
Maximum daily volume of treated water: <b>115,200 gal</b>	Treatment concentration (specify units): <b>50 mg/L</b>	Duration and frequency of treatment(s): <b>11.0 L (2-hour treat.) X 1 treatment X 1 pond @480gpm diluted 3.3X to 15.1 mg/L</b>	
Method of application:			
<input type="checkbox"/> Static Bath <input checked="" type="checkbox"/> Flow-through		<input type="checkbox"/> Medicated Feed <input type="checkbox"/> Other (describe):	
Location in facility chemical was used (check all that apply):			
<input type="checkbox"/> Raceways <input type="checkbox"/> Incubation building		<input checked="" type="checkbox"/> Ponds <input type="checkbox"/> Off-line settling basin <input type="checkbox"/> Other (describe):	
Where did water treated with this chemical go? (check all that apply):			
<input checked="" type="checkbox"/> Discharged w/o treatment <input type="checkbox"/> Settling basin		<input type="checkbox"/> Septic System <input type="checkbox"/> Publicly owned treatment works <input type="checkbox"/> Other (describe):	
Provide any additional information about how this chemical was used and/or special pollution prevention practices during use: <b>Drip treatment over 2 hours at 50mg/L. Treated effluent (480gpm) diluted 3.3 times into 1,586gpm to 15.1mg/L.</b>			

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### Aquaculture Drugs and Chemicals (cont'd)

#### ***Additional Reporting Requirements for Water-Borne Treatments***

- If a water-borne treatment was used during the calendar year, Permittees must include detailed records/calculations as an attachment to this Annual Report in order to demonstrate how the maximum effluent concentrations of solution and active ingredient were calculated for each chemical.
- EPA recognizes that water-borne treatments may vary in the volume of the vessels treated, concentration, quantity of product, etc. Permittees must provide the information listed in the following tables for a reasonable worst case (i.e., maximum effluent concentration) scenario, not for each individual treatment.
- Permittees must submit this information and calculate the maximum effluent concentration for each water-borne chemical used during the past calendar year.
- See also Appendix D for the Chemical Log Sheet.

<b>Static Bath Treatments</b>	
Tank Volume	Liters
Desired Static Bath Treatment Concentration	µg/L
Volume of Product Needed	Liters Product
Maximum Effluent Concentration of: 1) Solution and 2) Active Ingredient	<div style="display: flex; justify-content: space-between;"> <div>Solution:</div> <div>Active Ingredient:</div> </div> <div style="text-align: right;">Specify Units</div>
Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day	Specify Units
Maximum % of Facility Discharge Treated	% of Total Discharge

<b>Treatment 7      Flow-Through Treatments</b>	
Tank Volume	1,189,306      Liters
Calculated Flow Rate	1,359      Liters/Minute
Duration of Treatment	120      Minutes
Desired Flow-Through Treatment Concentration of Product	50      µg/L
Amount of Product to Add Initially	0      Liters Product
Amount of Product to Add During Treatment	68.3      mL/Minute
Total Volume of Product Needed	8.2 liters      Liters Product
Maximum Effluent Concentration of: 1) Solution and 2) Active Ingredient	<div style="display: flex; justify-content: space-between;"> <div>Solution: 13.0 mg/L Formalin</div> <div>Active Ingredient: 4.8 mg/L Formaldehyde</div> </div> <div style="text-align: right;">Specify Units</div>
Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day	2,927,520 gallons per day      Specify Units
Maximum % of Facility Discharge Treated	2.94%      % of Total Discharge



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### Aquaculture Drugs and Chemicals (cont'd)

#### ***Additional Reporting Requirements for Water-Borne Treatments***

- If a water-borne treatment was used during the calendar year, Permittees must include detailed records/calculations as an attachment to this Annual Report in order to demonstrate how the maximum effluent concentrations of solution and active ingredient were calculated for each chemical.
- EPA recognizes that water-borne treatments may vary in the volume of the vessels treated, concentration, quantity of product, etc. Permittees must provide the information listed in the following tables for a reasonable worst case (i.e., maximum effluent concentration) scenario, not for each individual treatment.
- Permittees must submit this information and calculate the maximum effluent concentration for each water-borne chemical used during the past calendar year.
- See also Appendix D for the Chemical Log Sheet.

<b>Static Bath Treatments</b>	
Tank Volume	Liters
Desired Static Bath Treatment Concentration	µg/L
Volume of Product Needed	Liters Product
Maximum Effluent Concentration of: 1) Solution and 2) Active Ingredient	Solution: Active Ingredient: Specify Units
Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day	Specify Units
Maximum % of Facility Discharge Treated	% of Total Discharge

Treatment 8 <b>Flow-Through Treatments</b>	
Tank Volume	1,189,306 Liters
Calculated Flow Rate	1,817 Liters/Minute
Duration of Treatment	120 Minutes
Desired Flow-Through Treatment Concentration of Product	50 µg/L
Amount of Product to Add Initially	0 Liters Product
Amount of Product to Add During Treatment	91.7 mL/Minute
Total Volume of Product Needed	11.0 liters Liters Product
Maximum Effluent Concentration of: 1) Solution and 2) Active Ingredient	Solution: 15.1 mg/L Formalin Active Ingredient: 5.6 mg/L Formaldehyde Specify Units
Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day	2,927,520 gallons per day Specify Units
Maximum % of Facility Discharge Treated	3.94% % of Total Discharge

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## Aquaculture Drugs and Chemicals (cont'd)

Describe all drug and/or chemical treatments that occurred during the year. Fill out the information below for each drug or chemical, plus page 7 for water-borne treatments. Attach additional pages as necessary.

Brand Name: <b>Treatment 9: Parasite-S</b>		Generic Name: <b>Formalin (37% formaldehyde)</b>	
Reason for use: <b>Control fungus on coho - Saprolegnia</b>			
<input type="checkbox"/> Preventative/Prophylactic <input checked="" type="checkbox"/> As-needed	Total quantity of formulated product per treatment (specify units): <b>9.8L/2h treatment X 1</b>	Total quantity of formulated product used in past year (specify units): <b>9.8 L</b>	
Date(s) of treatment: <b>9/21/20</b>			Total number of treatments in past year: <b>1</b>
Maximum daily volume of treated water: <b>207,120 gal</b>	Treatment concentration (specify units): <b>50 mg/L formalin</b>	Duration and frequency of treatment(s): <b>9.8L (2-hour treat.) X 1 treatments X 1 pond @863gpm diluted 2.2X to 23.1mg/L</b>	
Method of application: <input type="checkbox"/> Static Bath <input checked="" type="checkbox"/> Flow-through <input type="checkbox"/> Medicated Feed <input type="checkbox"/> Other (describe):			
Location in facility chemical was used (check all that apply): <input type="checkbox"/> Raceways <input checked="" type="checkbox"/> Ponds <input type="checkbox"/> Incubation building <input type="checkbox"/> Off-line settling basin <input type="checkbox"/> Other (describe):			
Where did water treated with this chemical go? (check all that apply): <input checked="" type="checkbox"/> Discharged w/o treatment <input type="checkbox"/> Septic System <input type="checkbox"/> Settling basin <input type="checkbox"/> Publicly owned treatment works <input type="checkbox"/> Other (describe):			
Provide any additional information about how this chemical was used and/or special pollution prevention practices during use: <b>Drip treatment over 2 hours at 50mg/L. Treated effluent (863gpm) diluted 2.2 times into 1,872gpm to 23.1mg/L.</b>			
Brand Name:		Generic Name:	
Reason for use:			
<input type="checkbox"/> Preventative/Prophylactic <input type="checkbox"/> As-needed	Total quantity of formulated product per treatment:	Total quantity of formulated product used in past year (specify units):	
Date(s) of treatment:			Total number of treatments in past year:
Maximum daily volume of treated water:	Treatment concentration (specify units):	Duration and frequency of treatment(s):	
Method of application: <input type="checkbox"/> Static Bath <input type="checkbox"/> Flow-through <input type="checkbox"/> Medicated Feed <input type="checkbox"/> Other (describe):			
Location in facility chemical was used (check all that apply): <input type="checkbox"/> Raceways <input type="checkbox"/> Ponds <input type="checkbox"/> Incubation building <input type="checkbox"/> Off-line settling basin <input type="checkbox"/> Other (describe):			
Where did water treated with this chemical go? (check all that apply): <input type="checkbox"/> Discharged w/o treatment <input type="checkbox"/> Septic System <input type="checkbox"/> Settling basin <input type="checkbox"/> Publicly owned treatment works <input type="checkbox"/> Other (describe):			
Provide any additional information about how this chemical was used and/or special pollution prevention practices during use:			

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### Aquaculture Drugs and Chemicals (cont'd)

#### ***Additional Reporting Requirements for Water-Borne Treatments***

- If a water-borne treatment was used during the calendar year, Permittees must include detailed records/calculations as an attachment to this Annual Report in order to demonstrate how the maximum effluent concentrations of solution and active ingredient were calculated for each chemical.
- EPA recognizes that water-borne treatments may vary in the volume of the vessels treated, concentration, quantity of product, etc. Permittees must provide the information listed in the following tables for a reasonable worst case (i.e., maximum effluent concentration) scenario, not for each individual treatment.
- Permittees must submit this information and calculate the maximum effluent concentration for each water-borne chemical used during the past calendar year.
- See also Appendix D for the Chemical Log Sheet.

<b>Static Bath Treatments</b>	
Tank Volume	Liters
Desired Static Bath Treatment Concentration	µg/L
Volume of Product Needed	Liters Product
Maximum Effluent Concentration of: 1) Solution and 2) Active Ingredient	<div style="display: flex; justify-content: space-between;"> <div>Solution:</div> <div>Specify Units</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Active Ingredient:</div> <div>Specify Units</div> </div>
Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day	Specify Units
Maximum % of Facility Discharge Treated	% of Total Discharge

<b>Treatment 9      Flow-Through Treatments</b>	
Tank Volume	1,189,306      Liters
Calculated Flow Rate	3,267      Liters/Minute
Duration of Treatment	120      Minutes
Desired Flow-Through Treatment Concentration of Product	50      µg/L
Amount of Product to Add Initially	0      Liters Product
Amount of Product to Add During Treatment	81.7      mL/Minute
Total Volume of Product Needed	9.8 liters      Liters Product
Maximum Effluent Concentration of: 1) Solution and 2) Active Ingredient	<div style="display: flex; justify-content: space-between;"> <div>Solution: 23.1 mg/L Formalin</div> <div>Specify Units</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Active Ingredient: 8.5 mg/L Formaldehyde</div> <div>Specify Units</div> </div>
Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day	3,041,280 gallons per day      Specify Units
Maximum % of Facility Discharge Treated	6.81%      % of Total Discharge

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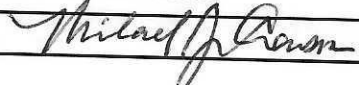
### Changes to the Facility or Operations

Describe any changes to the facility or operations since the last annual report.

None

### Signature and Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly evaluate and gather the information submitted. Based on my inquiry of the person or persons, who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Printed name of person signing	Title
Michael J. Crewson	Salmonid Enhancement Scientist
Applicant Signature 	Date Signed 1/20/20

### Submittal Information

Send the complete, signed information, along with any attachments, to the following address:

U.S. EPA Region 10, OWW-191  
Washington Hatchery Annual Report  
1200 Sixth Avenue, Suite 900  
Seattle, WA 98101-3140